

# Lake Mary Veterinary Clinic Drop-Off/Admission Form

Owner's Name \_\_\_\_\_

Pets' Name \_\_\_\_\_

**Where Can We Reach You TODAY** \_\_\_\_\_

What Time Would You Like To Pick Your Pet Up? \_\_\_\_\_

Reason for Today's Visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PLEASE CHECK ALL THAT MAY APPLY

**Energy Level:**  Increased  Normal  Decreased  None  Other: \_\_\_\_\_

**Appetite:**  Increased  Normal  Decreased  Special Diet? \_\_\_\_\_

**Weight:**  Loss  Stable  Gained

**Water Consumption:**  Increased  Normal  Decreased

**Bowel Movements:**  Constipated  Normal  Soft  Diarrhea (How Long/frequency? \_\_\_\_\_)

**Urination:**  Increased  Normal  Decreased  Incontinence  Straining

**Significant Hair Loss:**  Patchy  Generalized  Excessive Shedding Where? \_\_\_\_\_

	YES	NO
Vomiting		
Coughing		
Sneezing		
Gagging		
Listless		
Signs of weakness		
Lameness: Circle pets leg: RF LF RR LR		
Difficult rising		
After Sleeping		
After exercising		
Climbing stairs		
Stiffness		
Scotting on rear		
Shaking head		
Bad breath		
Scratching? Where?		
Unusual lumps or bumps? Where?		
Unusual Discharge? Location:		
Behavioral Changes? Describe		

	YES	NO
Have you given your pet any medications today? If Yes, please list: _____		
Is your pet allergic to any food/medication? If Yes, please list: _____		
Has your pet eaten or drank in the past 4 hours?		
Do we have permission to <b>SEDATE**?</b>		
Do we have permission to do <b>BLOODWORK**?</b>		
Do we have permission to do <b>X-RAYS**?</b>		

What flea control is used? \_\_\_\_\_

What type of Heartworm Prevention? \_\_\_\_\_

Anything else we need to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*THERE WILL BE AN ADDITIONAL CHARGE FOR:**

**BLOODWORK, SEDATION and X-RAYS**

I hereby authorize Lake Mary Veterinary Clinic to prescribe for and treat the conditions presented on this form for the pet presented by me. Lake Mary Veterinary Clinic and staff will not be held liable for any problems that develop provided that reasonable care is/was provided. Furthermore, I agree to pay all fees in full for services rendered when the pet is discharged, unless other prior arrangements have been agreed upon by both parties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_